

Fiscal Service PKI Certificate Action Request

(Print Clearly Or Type All Information Except Signature)

(Block 1)

Certificate Action Requested

SELECT ONLY ONE (1) ACTION:

☐ **New Subscriber**

I REQUEST A CERTIFICATE, WITH THE FOLLOWING LEVEL OF ASSURANCE, BE ISSUED BY THE FISCAL SERVICE TO THE SUBSCRIBER NAMED IN BLOCK 2:

☐ Web Browser Certificate

☐ Enterprise Certificate

Level of Assurance (Select one): ☐ Basic (Certificate identity may be established using trusted information in a secured database of user-supplied information. Private key may be stored on software.)

☐ Medium (Requires in-person proofing and private key stored on hardware)

Business System Requiring Certificate:

Other Information:

☐ **Recover PKI Certificate**

PLEASE RECOVER THE CERTIFICATE HELD BY THE INDIVIDUAL NAMED IN BLOCK 2 BECAUSE OF THE FOLLOWING REASON (CHECK ONE):

☐ Forgotten or Lost Password

☐ Entrust Profile Lost or Corrupted

☐ Subscriber Information has Changed [i.e., legal last name, e-mail address, etc.]:

Info that has changed: _____

☐ Other Describe: _____

☐ **Revoke PKI Certificate**

PLEASE REVOKE THE CERTIFICATE HELD BY THE INDIVIDUAL NAMED IN BLOCK 2 BECAUSE OF THE FOLLOWING REASON (CHECK ONE):

☐ Lost or Damaged Smart Card

☐ Certificate No Longer Needed:

Reason: _____

☐ Certificate Compromised or Lost:

Date Certificate known to be compromised: ____/____/____ (mm/dd/yyyy)

(Block 2) Subscriber / Certificate Holder Information			
Subscriber/Cert Holder First Name (Full Legal Name Required)	Middle Name	Last Name	Generation Qualifier (Jr., Sr. III, etc.)
Organization Name (Agency/Bureau)		Work E-Mail Address	
Organization Street Address (include room # and/or mail stop)			
City	State	Zip Code	Country Name
Work Phone Number		Work Fax Number	
(Block 3) Nominating Official / Requestor Information			
Action is being requested by (check one): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Fiscal Sponsoring Authority (FSA) <input type="checkbox"/> Fiscal Business Customer (FBC) <input type="checkbox"/> Certificate Holder </div> <div> <input type="checkbox"/> Trusted Registration Agent (TRA) <input type="checkbox"/> Registration Authority (RA) <input type="checkbox"/> Security Officer (SO) </div> <div> <input type="checkbox"/> FMS Help Desk <input type="checkbox"/> Other: _____ </div> </div>			
Nominating Official/Requestor First Name (Full Legal Name Required)	Middle Name	Last Name	Generation Qualifier (Jr., Sr. III, etc.)
Organization Name (Agency/Bureau)		Work E-Mail Address	
Organization Street Address (include room # and/or mail stop)			
City	State	Zip Code	Country Name
Work Phone Number		Work Fax Number	
<p>I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I affirm that I have the authority to nominate a subscriber for a PKI Certificate, as a Nominating Official, or request the revocation or the recovery of the Certificate, as a Requestor, as described on this form. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).</p>			
_____ Nominating Official / Requestor Signature		_____ Date (mm/dd/yyyy)	
(Block 4) Registration Agent (RA) / Local Registration Agent (LRA) / Trusted Registration Agent (TRA) Information			
RA/LRA/TRA First Name (Full Legal Name Required)	Middle Name	Last Name	Generation Qualifier (Jr., Sr. III, etc.)
Organization Name (Agency/Bureau)		Work E-Mail Address	
Work Phone Number		Work Fax Number	